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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Euri First name M. Middle name	First name Middle name
	Bring your picture identification to your meeting with the trustee.	Allen Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0726	

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Case number (if known)

Debtor 1 Lori M. Allen

		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
Include trade names and doing business as names Business name(s)		Business name(s)	Business name(s)			
		EINs	_	EINs		
5.	Where you live			If Debtor 2 lives at a different address:		
		2079 Hampstead Dr Columbus, OH 43229				
		Number, Street, City, State & ZIP Code	-	Number, Street, City, State & ZIP Code		
		Franklin				
		County		County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	-	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing	Check one:		Check one:		
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		
			_			

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Case number (if known) Debtor 1 Lori M. Allen

⊃ar	t 2: Tell the Court About	Your Ba	nkruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are	Check (Form			n of each, see <i>Notice Required b</i> of page 1 and check the appropr	by 11 U.S.C. § 342(b) for Individuals Filing for Bankri iate box.	uptcy	
	choosing to file under	■ Chapter 7						
		☐ Ch	apter 11					
		☐ Ch	apter 12					
		☐ Ch	apter 13					
3.	How you will pay the fee	;	about how yo	ou may pay. Ty attorney is sub	pically, if you are paying the fee	eck with the clerk's office in your local court for more yourself, you may pay with cash, cashier's check, or ehalf, your attorney may pay with a credit card or che	r money	
I need to pay the fee in installments. If you choose this of The Filing Fee in Installments (Official Form 103A).				otion, sign and attach the Application for Individuals	to Pay			
		I	but is not req applies to yo	uired to, waive ur family size a	your fee, and may do so only if and you are unable to pay the fee	ion only if you are filing for Chapter 7. By law, a judg your income is less than 150% of the official poverty e in installments). If you choose this option, you mus fficial Form 103B) and file it with your petition.	line that	
).	Have you filed for bankruptcy within the	■ No.						
	last 8 years?	☐ Yes			\//han	Coop number		
			District		When When	Case number		
			District District		when When	Case number Case number		
			District		when	Case number		
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	S .					
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No.	Go to I	ine 12.				
		☐ Yes	3. Has yo	our landlord ob	tained an eviction judgment agai	nst you?		
				No. Go to line				
				Yes. Fill out It this bankrupte		n Judgment Against You (Form 101A) and file it as p	oart of	

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		Document	I age 4 of 75	
Debtor 1	Lori M. Allen		Case number (if known)	

ar	Report About Any Bu	sinesses	You Own	as a Sole Proprietor				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	and location of business				
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	Name of business, if any				
	If you have more than one sole proprietorship, use a		Numb	er, Street, City, State & ZIP Code				
	separate sheet and attach it to this petition.		Check	k the appropriate box to describe your business:				
				Health Care Business (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))				
				Stockbroker (as defined in 11 U.S.C. § 101(53A))				
				Commodity Broker (as defined in 11 U.S.C. § 101(6))				
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	u are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriations. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement ations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedus. C. 1116(1)(B).					
	For a definition of small	■ No.	I am n	not filing under Chapter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankr Code.					
		☐ Yes.	I am fi	iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
ar	t 4: Report if You Own or	Have Any	Hazardo	ous Property or Any Property That Needs Immediate Attention				
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is t	the hazard?				
	public health or safety? Or do you own any							
	property that needs immediate attention?			diate attention is why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?				
	-			Number, Street, City, State & Zip Code				

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Debtor 1 Lori M. Allen Document Page 5 of 73 Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1 Lori M. Allen			Case nu	mber (if known)			
Par	t 6: Answer These Quest	ions for Rep	orting Purposes					
16.	What kind of debts do you have?			nsumer debts? Consumer debts are onal, family, or household purpose."	defined in 11 U.S.C. § 101(8) as "incurred by an			
		[☐ No. Go to line 16b.					
			Yes. Go to line 17.					
				siness debts? Business debts are destend or through the operation of the				
		Γ	☐ No. Go to line 16c.					
		[☐ Yes. Go to line 17.					
		16c. S	tate the type of debts you ov	we that are not consumer debts or bus	iness debts			
17.	Are you filing under Chapter 7?	□ No. I	am not filing under Chapter 7	7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes. I	am filing under Chapter 7. D re paid that funds will be ava	o you estimate that after any exempt illable to distribute to unsecured credi	property is excluded and administrative expenses cors?			
	administrative expenses	[□No					
	are paid that funds will be available for		Yes					
	distribution to unsecured creditors?							
18.	How many Creditors do	□ 1-49		□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	50-99		5001-10,000	5 0,001-100,000			
		☐ 100-199 ☐ 200-999		□ 10,001-25,000	☐ More than100,000			
19.	How much do you	\$0 - \$50	,000	□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?	\$50,001 - \$100,000		☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion			
			1 - \$500,000 1 - \$1 million	□ \$100,000,001 - \$100 million	☐ \$10,000,000,001 - \$50 billion			
20.	How much do you estimate your liabilities	□ \$0 - \$50		□ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion			
	to be?	□ \$50,001 - \$100,000 ■ \$100,001 - \$500,000		□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion			
			1 - \$500,000 1 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
Par	t7: Sign Below							
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
					ible, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.			
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request re	lief in accordance with the ch	napter of title 11, United States Code,	specified in this petition.			
		bankruptcy and 3571.	case can result in fines up to		ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,			
		/s/ Lori M Lori M. A		Signature of De	ebtor 2			
		Signature of	f Debtor 1	- -				
		Executed o	n April 5, 2019	Executed on				
			MM / DD / YYYY		MM / DD / YYYY			

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Debtor 1 Lori M. Allen Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jason M. Knapp	Date	April 5, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Jason M. Knapp 0085073		
Printed name		
Rauser & Associates		
Firm name		
5 E. Long St.		
Suite 300		
Columbus, OH 43215		
Number, Street, City, State & ZIP Code		
Contact phone 6142284480	Email address	rauserlawcolumbus@yahoo.com
0085073 OH		
Bar number & State		

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		Documen	t Page 8 of 73	
Fill in this infor	mation to identify your	case:		
Debtor 1	Lori M. Allen			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT OF	OHIO	
Case number _				
(II KHOWH)				☐ Check if this is an amended filing
O(f) : 1 E	4000			

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	8,425.50
	1c. Copy line 63, Total of all property on Schedule A/B	\$	8,425.50
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	2,629.04
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	288,275.18
	Your total liabilities	\$	290,904.22
Pai	tt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,307.35
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,297.00
Pai	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known) Debtor 1 Lori M. Allen

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,142.39

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	120,075.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	120,075.00

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Fill ir	n this info	ormation to identify your	case and this filing:				
Debte	or 1	Lori M. Allen					
		First Name	Middle Name	Last Name			
Debte (Spous	or 2 se, if filing)	First Name	Middle Name	Last Name			
Unite	d States	Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIC)			
Case	number						
Oasc	Tidilibei					☐ Check if this is an amended filing	
O		' 400 A /D					
		<u>form 106A/B</u> No A/B: Bron	ortv			40/45	
		ıle A/B: Prop				12/15	
think i inform Answe	t fits best. nation. If mer every qu	Be as complete and accuratore space is needed, attach testion.	te items. List an asset only once. If an ate as possible. If two married people a separate sheet to this form. On the	are filing together, both are top of any additional page	e equally responsible for su	pplying correct	
		· · · · · · · · · · · · · · · · · · ·	e interest in any residence, building,				
_	-			, ·			
_	No. Go to F						
П,	Yes. Wher	e is the property?					
Part 2	2: Descri	be Your Vehicles					
			uitable interest in any vehicles, wile, also report it on Schedule G: Ex			ehicles you own that	
3. Ca	rs, vans,	trucks, tractors, sport u	tility vehicles, motorcycles				
	No						
_	Yes						
	100						
3.1	Make:	Toyota	Who has an interest in the	property? Check one	Do not deduct secured of the amount of any secure		
	Model:	Scion XB	Debtor 1 only			ms Secured by Property.	
	Year:	2008	Debtor 2 only		Current value of the	Current value of the	
	Approxin	nate mileage: 75	,000 Debtor 1 and Debtor 2 or	nly	entire property?	portion you own?	
		ormation:	At least one of the debto	rs and another			
		tor's Possession			\$500.00	\$500.00	
		per Debtor	Check if this is commu (see instructions)	nity property	\$500.00	\$500.00	
	1	a serious Accident a	nd (see instructions)				
	nas no Salvag	t been fixed.					
	Saivay	e ritie					
3.2	Make:	BMW	Who has an interest in the	nronerty? Chack and	Do not deduct secured cl		
٥.٢	Model:	X3	Debtor 1 only	P. Sporty i Sheek one	the amount of any secured claims on Sched Creditors Who Have Claims Secured by Pro		
	Year:	2007	Debtor 2 only				
			,000 Debtor 1 and Debtor 2 or	nlv	Current value of the entire property?	Current value of the portion you own?	
		ormation:	At least one of the debto				
		or's Possession	— At least one of the debto	is and another			
		oer KBB	☐ Check if this is commu	nity property	\$4,481.00	\$2,240.50	

Official Form 106A/B Schedule A/B: Property page 1

(see instructions)

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Case number (if known) Document Debtor 1 Lori M. Allen 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$2,740.50 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... **Household Goods and Furnishings** \$1,550.00 **Debtor's Possession** 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ■ No ☐ Yes. Describe..... 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... Wearing Apparel \$620.00 **Debtor's Possession** Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... Jewelry \$850.00 **Debtor's Possession**

Official Form 106A/B

Schedule A/B: Property

page 2

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Case number (if known) Document Debtor 1 Lori M. Allen 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3.020.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ■ No ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **All South Federal Credit Union** \$0.00 **Checking Account** All South Federal Credit Union \$0.00 **Savings Account Health Savings Account (through current** employer \$258.00 17.3. **HSA** 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☐ No

Yes. List each account separately.

Type of account:

Institution name:

Schedule A/B: Property

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		401(k)	401(k) through current employ	rer Unknown
		d deposits you have r	nade so that you may continue service or use from id rent, public utilities (electric, gas, water), telecom	
	■ Yes		Institution name or individual:	
		Rent	Maple Valley Townhomes	\$725.00
23.	_ `	r a periodic payment	of money to you, either for life or for a number of ye	ears)
	■ No □ Yes Iss	suer name and descri	ption.	
24.	26 U.S.C. §§ 530(b)(1), 5		t in a qualified ABLE program, or under a qualifi	ied state tuition program.
	■ No □ YesIns	stitution name and de	scription. Separately file the records of any interests	s.11 U.S.C. § 521(c):
25.	_	ure interests in pro	perty (other than anything listed in line 1), and ri	ghts or powers exercisable for your benefit
	■ No☐ Yes. Give specific info	ormation about them.		
		ain names, websites	rets, and other intellectual property proceeds from royalties and licensing agreements	
27.	Licenses, franchises, a	and other general in mits, exclusive license	tangibles es, cooperative association holdings, liquor licenses	s, professional licenses
	oney or property owed t			Current value of the
	,	,		portion you own? Do not deduct secured claims or exemptions.
	Tax refunds owed to ye	ou		
	☐ No ■ Yes. Give specific info	rmation about them,	including whether you already filed the returns and t	the tax years
		20	18 Income tax refund, stimulus, & rebates (Debtor claims as exempt 100% of EIC and ACTC)	\$1,682.00
	Family support Examples: Past due or ■ No □ Yes. Give specific info		pousal support, child support, maintenance, divorce	settlement, property settlement
		es, disability insuranc paid loans you made	e payments, disability benefits, sick pay, vacation pato someone else	ay, workers' compensation, Social Security

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1	Case 2:19-bk-5	52166	Doc 1	Filed 04/05 Document	/19 Pa	Entered 04/05/19 12:02:2 age 14 of 73 Case number (if known	20 Desc Main
			surance; hea	lth savings account	(HSA)); credit, homeowner's, or renter's insura	ance
■ Ye	s. Name the insurance	company	of each polic	y and list its value.			
		Compan	y name:			Beneficiary:	Surrender or refund value:
				ce (through cur	rent		
		employ	er) h Surrende	or Value			
		Benefic		ei value			Unknowr
If you som	eone has died.	a living tru				nce policy, or are currently entitled to re	ceive property because
ште	s. Give specific informa	ation					
	mples: Accidents, emplo					made a demand for payment ue	
☐ Ye	s. Describe each claim						
_	=	quidated o	claims of ev	ery nature, includi	ng co	unterclaims of the debtor and rights	to set off claims
■ No							
⊔ Ye	s. Describe each claim						
35. Any	financial assets you d	id not alre	eady list				
■ No							
⊔ Ye	s. Give specific informa	ation					
						ntries for pages you have attached	\$2,665.00
Part 5:	Describe Any Business-R	elated Pro	perty You Ow	n or Have an Interes	t In. Lis	st any real estate in Part 1.	
37. Do yo	u own or have any legal o	or equitable	e interest in a	ny business-related	proper	ty?	
	Go to Part 6.	•					
☐ Yes	Go to line 38.						
	Describe Any Farm- and 0 f you own or have an intere				wn or H	Have an Interest In.	
46. Do y	ou own or have any le	gal or eq	uitable inter	est in any farm- or	comr	mercial fishing-related property?	
■ V	lo. Go to Part 7.						
	es. Go to line 47.						
Part 7:	Describe All Property	y You Own	or Have an Ir	nterest in That You D	id Not	List Above	
	ou have other propert						
Exa ■ No	<i>mples:</i> Season tickets, o	Journity Cit	inembersr us membersr	ıιþ			
	s. Give specific informa	tion					
54. Ad	d the dollar value of al	l of your	entries from	Part 7. Write that	numb	er here	\$0.00

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Document Debtor 1 Lori M. Allen List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 \$0.00 55. Part 2: Total vehicles, line 5 56. \$2,740.50 Part 3: Total personal and household items, line 15 57. \$3,020.00 58. Part 4: Total financial assets, line 36 \$2,665.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$8,425.50

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

62.

\$8,425.50

\$8,425.50

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 6 Case 2:19-bk-52166 Doc 1 Filed 04/05/19 Entered 04/05/19 12:02:20 Desc Main

Fill in this infor	rmation to identify your	case:		
Debtor 1	Lori M. Allen			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption		
	Copy the value from Check only one box for each exemption. Schedule A/B				
2007 BMW X3 179,000 miles In debtor's Possession	\$2,240.50		\$2,240.50	Ohio Rev. Code Ann. § 2329.66(A)(2)	
Value per KBB Line from Schedule A/B: 3.2			100% of fair market value, up to any applicable statutory limit		
Household Goods and Furnishings Debtor's Possession	\$1,550.00		\$1,550.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
Wearing Apparel Debtor's Possession	\$620.00		\$620.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)	
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit		
Jewelry Debtor's Possession	\$850.00		\$850.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)	
Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	2020:00(: 1)(1)(0)	
HSA: Health Savings Account (through current employer	\$258.00		\$258.00	Ohio Rev. Code Ann. §	
Line from Schedule A/B: 17.3			100% of fair market value, up to any applicable statutory limit	2329.66(A)(3)	

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Brief description of the property and line on Schedule A/B that lists this property Check only one box for each exemption.	ebtor 1 Lori W. Allen			Case number (if known)			
Unknown employer Unknown Sayso. Unknown Un		portion you own Copy the value from		• •	·		
Line from Schedule A/B. 21.1 2018 Income tax refund, stimulus, & \$1,682.00	· · · · · · · · · · · · · · · · · · ·		•	Unknown	29 U.S.C.A. § 1056(d)		
rebates (Debtor claims as exempt 100% of EIC and ACTC) Line from Schedule A/B: 28.1 2018 Income tax refund, stimulus, & \$1,682.00							
(Debtor claims as exempt 100% of EIC and ACTC) Line from Schedule A/B: 28.1 2018 Income tax refund, stimulus, & stockedule A/B: 28.1 2018 Income tax refund, stimulus, & stockedule A/B: 28.1 2018 Income tax refund, stimulus, & stockedule A/B: 28.1 2018 Income tax refund, stimulus, & stockedule A/B: 28.1 2018 Income tax refund, stimulus, & stockedule A/B: 28.1 2018 Income tax refund, stimulus, & stockedule A/B: 28.1 2018 Income tax refund, stimulus, & stockedule A/B: 28.1 Term Life Insurance (through current employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Term Life Insurance (through current employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Term Life Insurance (through current employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?	· · · · · · · · · · · · · · · · · · ·	\$1,682.00		\$399.00			
rebates (Debtor claims as exempt 100% of EIC and ACTC) Line from Schedule A/B: 28.1 2018 Income tax refund, stimulus, & \$1,682.00 100% of fair market value, up to any applicable statutory limit 2018 Income tax refund, stimulus, & \$1,682.00 100% of fair market value, up to any applicable statutory limit 2018 Income tax refund, stimulus, & \$1,682.00 100% of fair market value, up to any applicable statutory limit 2018 Income tax refund, stimulus, & \$1,682.00 100% of fair market value, up to any applicable statutory limit 2018 Income tax refund, stimulus, & \$1,682.00 100% of fair market value, up to any applicable statutory limit 2018 Income tax refund, stimulus, & \$1,682.00 100% of fair market value, up to any applicable statutory limit 2018 Income tax refund, stimulus, & \$1,682.00 100% of fair market value, up to any applicable statutory limit 2018 Income tax refund, stimulus, & \$1,682.00 100% of fair market value, up to any applicable statutory limit 2019 Income tax refund, stimulus, & \$1,682.00 100% of fair market value, up to any applicable statutory limit 2019 Income tax refund, stimulus, & \$1,682.00 100% of fair market value, up to any applicable statutory limit 2019 Income tax refund, stimulus, & \$1,00% of fair market value, up to any applicable statutory limit 2019 Income tax refund, stimulus, & \$1,00% of fair market value, up to any applicable statutory limit 2019 Income tax refund, stimulus, & \$1,00% of fair market value, up to any applicable statutory limit 2019 Income tax refund, stimulus, & \$1,00% of fair market value, up to any applicable statutory limit 2019 Income tax refund, stimulus, & \$1,00% of fair market value, up to any applicable statutory limit 2029 Income tax refund, stimulus, & \$1,00% of fair market value, up to any applicable statutory limit 2029 Income tax refund, stimulus, & \$1,00% of fair market value, up to any applicable statutory limit	(Debtor claims as exempt 100% of EIC and ACTC)						
Company applicable statutory limit		\$1,682.00		\$1,225.00			
rebates (Debtor claims as exempt 100% of EIC and ACTC) Line from Schedule A/B: 28.1 Term Life Insurance (through current employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Term Life Insurance (through current employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Term Life Insurance (through current employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Term Life Insurance (through current employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?	(Debtor claims as exempt 100% of EIC and ACTC)			· •	2020.00(1)(10)		
CDebtor claims as exempt 100% of EIC and ACTC Line from Schedule A/B: 28.1	· · · · · · · · · · · · · · · · · · ·	\$1,682.00		\$58.00	•		
employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Term Life Insurance (through current employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Term Life Insurance (through current employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?	(Debtor claims as exempt 100% of EIC and ACTC)			· ·	2020.00(A)(10)		
No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Term Life Insurance (through current employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Unknown 100% of fair market value, up to any applicable statutory limit Unknown 100% of fair market value, up to any applicable statutory limit Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10 any applicable statutory limit Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?		Unknown		Unknown			
employer) No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?	No Cash Surrender Value Beneficiary:			· · ·	2020.00(A)(0)(0), 0017.00		
No Cash Surrender Value Beneficiary: Line from Schedule A/B: 31.1 Are you claiming a homestead exemption of more than \$170,350? (Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?		Unknown		Unknown			
(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.) ■ No ■ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?	No Cash Surrender Value Beneficiary:						
Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?	(Subject to adjustment on 4/01/22 and every 3			led on or after the date of adjustmen	nt.)		
	☐ Yes. Did you acquire the property covere ☐ No	ed by the exemption wi	ithin 1	,215 days before you filed this case	?		

	Case	2.19-DK-52100		ne 18	ed 04/05/19 1 of 73	.2.02.20 Desc 	Walli
Filli	n this inform	nation to identify you	ır case:				
Deb	tor 1	Lori M. Allen					
Den	101 1	First Name	Middle Name Last	Name			
Deb	tor 2						
	ise if, filing)	First Name	Middle Name Last	Name			
Unite	ed States Bar	nkruptcy Court for the	SOUTHERN DISTRICT OF OHIO				
Case	e number						
(if kno						☐ Check	if this is an
						amend	ded filing
⊃ŧŧ:	oial Farm	100D					
	cial Form						
Scl	hedule	D: Creditors	s Who Have Claims Sec	cured	by Property	y	12/15
Be as	complete and	accurate as possible.	If two married people are filing together, bo	th are equa	ally responsible for su	polving correct informa	tion. If more space
s nee	eded, copy the		out, number the entries, and attach it to this				
	er (if known).						
		have claims secured by					
_	_		his form to the court with your other sche	dules. You	i have nothing else to	o report on this form.	
	Yes. Fill in	all of the information	below.				
Part	1: List Al	I Secured Claims			0.1	0.1. 5	0.1.0
			more than one secured claim, list the creditor s		Column A	Column B	Column C
			s a particular claim, list the other creditors in Pa cal order according to the creditor's name.	art 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	1		•		value of collateral.	claim	if any
2.1	Loan Max/ Funding	integrity	Describe the property that secures the cla	aim:	\$2,629.04	\$500.00	\$2,129.04
	Creditor's Name	1	2008 Toyota Scion XB 75,000 mil				<u></u>
			In Debtor's Possession				
			Value per Debtor				
			Was in a serious Accident and h	as			
			not been fixed. Salvage Title				
	84 Villa Ro		As of the date you file, the claim is: Check	all that			
	-	, SC 29615	apply.				
	-	City, State & Zip Code	☐ Contingent☐ Unliquidated				
	rumber, Outcot,	ony, clate a zip code	☐ Disputed				
Who	owes the de	bt? Check one.	Nature of lien. Check all that apply.				
■ D	ebtor 1 only		☐ An agreement you made (such as mortga	age or secur	red		
	ebtor 2 only		car loan)				
	ebtor 1 and De	btor 2 only	☐ Statutory lien (such as tax lien, mechanic	's lien)			
ПА	t least one of th	ne debtors and another	☐ Judgment lien from a lawsuit				
	heck if this cla community del	aim relates to a bt	Other (including a right to offset)	Loan			
Date	debt was incu	ırred	Last 4 digits of account number				
اء ۸	d the deller ··-	luo of your antrina ! O	column A on this page. Write that number he		\$2,62	0.04	
Ad	u ine uonar va	iue oi your entries in C	orumni A on una page. Write that number ne	ie.	⊅∠,0 ∠	J.U4	

Part 2: List Others to Be Notified for a Debt That You Already Listed

If this is the last page of your form, add the dollar value totals from all pages.

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$2,629.04

Write that number here:

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	O430 2:13 BK 02100	Docume	ent Page 19 of 73	.2.02.20	COO MAIN
Fill in this	s information to identify your				
Debtor 1	Lori M. Allen				
Dobto. 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, fi	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case num	nber				
(if known)				_ c	heck if this is an
				aı	mended filing
Official	Form 106E/F				
	ule E/F: Creditors W	ho Have Unsec	ured Claims		12/15
			PRIORITY claims and Part 2 for creditors with N	JONEDIODITY alair	
Schedule D left. Attach name and c	c: Creditors Who Have Claims Sec the Continuation Page to this pag case number (if known).	ured by Property. If more s e. If you have no information	106G). Do not include any creditors with partial pace is needed, copy the Part you need, fill it o on to report in a Part, do not file that Part. On th	out, number the ent	ries in the boxes on the
	List All of Your PRIORITY Un				
	y creditors have priority unsecure	d claims against you?			
	. Go to Part 2.				
☐ Ye	S.				
Part 2:	List All of Your NONPRIORIT	Y Unsecured Claims			
3. Do an	y creditors have nonpriority unsec	ured claims against you?			
□ No	. You have nothing to report in this p	art. Submit this form to the co	ourt with your other schedules.		
■ Yes	S.				
unsecu	ured claim, list the creditor separately ne creditor holds a particular claim, li	for each claim. For each cla	der of the creditor who holds each claim. If a craim listed, identify what type of claim it is. Do not lis 3.If you have more than three nonpriority unsecure	st claims already incl	luded in Part 1. If more
					Total claim
4.1 A	CE Cash Express	Last 4 digit	s of account number		\$513.00
N	onpriority Creditor's Name 231 Greenway Dr., Ste. 700	When was t	the debt incurred?		
Ir	ving, TX 75038	<u> </u>			•
	umber Street City State Zip Code	As of the da	ate you file, the claim is: Check all that apply		
_	/ho incurred the debt? Check one.				
	Debtor 1 only	☐ Continge	ent		
	Debtor 2 only	☐ Unliquida	ated		
	Debtor 1 and Debtor 2 only				
	At least one of the debtors and and		NPRIORITY unsecured claim:		
	Check if this claim is for a comr	<u> </u>			
	ebt the claim subject to offset?	☐ Obligation report as pri	ons arising out of a separation agreement or divord	ce that you did not	
	No	<u></u>	pension or profit-sharing plans, and other similar	debts	
] Yes		pecify Collections		
_		- uner s	DECILA COLLOCATION		

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Case number (if known)

Debtor 1 Lori M. Allen 4.2 \$33,386.00 ACS, Inc Last 4 digits of account number Nonpriority Creditor's Name 2802 Opryland Dr When was the debt incurred? Nashville, TN 37214 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.3 **Advance America Corp** Last 4 digits of account number \$1,078.00 Nonpriority Creditor's Name When was the debt incurred? 1383 Leesburg Ave Washington Court House, OH 43160 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collections Other. Specify AdvanceAmerica.com 4.4 Last 4 digits of account number \$568.27 Nonpriority Creditor's Name When was the debt incurred? 5992 B Westerville Rd. Westerville, OH 43081 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes

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Debtor 1 Lori M. Allen 4.5 \$106.00 **AEP** Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 24401 When was the debt incurred? Canton, OH 44701-4401 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Utility ☐ Yes **AFNI** 4.6 Last 4 digits of account number \$203.00 Nonpriority Creditor's Name When was the debt incurred? P.O. Box 3517 **Bloomington, IL 61702** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collections Other. Specify 4.7 Allergy & Asthma Last 4 digits of account number \$400.00 Nonpriority Creditor's Name When was the debt incurred? 7287 Sawmill Rd #100 Dublin, OH 43016 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes

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Debtor 1 Lori M. Allen 4.8 \$1,984.00 **American Homes for Rent** Last 4 digits of account number Nonpriority Creditor's Name 4620 Woodland Corporate BI When was the debt incurred? Tampa, FL 33614 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.9 Ameriloan Last 4 digits of account number \$1,100.00 Nonpriority Creditor's Name When was the debt incurred? 3531 St. NW Po Box 111 Miami, OK 74355 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.1 AT&T Mobility \$589.00 Last 4 digits of account number 0 Nonpriority Creditor's Name **POB 6416** When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes

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Debtor 1 Lori M. Allen 4.1 **CBE Group Inc.** \$1,533.00 Last 4 digits of account number Nonpriority Creditor's Name 131 Tower Park Suite 100 When was the debt incurred? P.O. Box 2635 Waterloo, IA 50704-2635 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.1 **Central Ohio Counseling** \$784.00 Last 4 digits of account number 2 Nonpriority Creditor's Name 1035 Proprietors Rd When was the debt incurred? Columbus, OH 43085 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes 4.1 **Central Ohio Primary Care** \$56.00 3 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 742518 When was the debt incurred? Cincinnati, OH 45275 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes

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Debtor 1 Lori M. Allen ase number (if known) 4.1 **CEP America Ohio** \$91.00 Last 4 digits of account number 4 Nonpriority Creditor's Name PO Box 582663 When was the debt incurred? Wickenburg, AZ 85358 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.1 **Chase Bank** \$625.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 15583 When was the debt incurred? Wilmington, DE 19886-1194 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.1 Check N Go \$725.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 100 Commerical Dr When was the debt incurred? Fairfield, OH 45014 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collections

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Debtor 1 Lori M. Allen ase number (if known) 4.1 CheckintoCash.com \$378.00 Last 4 digits of account number Nonpriority Creditor's Name 201 Keith St #80 When was the debt incurred? Cleveland, TN 37311 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.1 City of Westerville \$1,197.00 Last 4 digits of account number 8 Nonpriority Creditor's Name c/o Change Healthcare When was the debt incurred? P.O. Box 79000 Dept 781700 Detroit, MI 48278 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collections 4.1 **Coastal Credit** \$13,676.00 9 Last 4 digits of account number Nonpriority Creditor's Name 3852 Virginia Beach Blvd When was the debt incurred? Virginia Beach, VA 23452 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Repo ☐ Yes

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Debtor 1 Lori M. Allen 4.2 \$105.00 Columbia Gas of Ohio Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 742510 When was the debt incurred? Cincinnati, OH 45274 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Utility 4.2 **Credit Acceptance** Unknown Last 4 digits of account number Nonpriority Creditor's Name 4052 Holland-Sylvania Road When was the debt incurred? Toledo, OH 43623 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.2 Dana & Pariser \$11.828.00 Last 4 digits of account number Nonpriority Creditor's Name 800 East Broad St. When was the debt incurred? Columbus, OH 43231 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collections

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Debtor 1 Lori M. Allen 4.2 **Dermatologist of Central States** \$13.00 Last 4 digits of account number 3 Nonpriority Creditor's Name P.O. Box 6724 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Services ☐ Yes 4.2 **Direct Energy** Unknown Last 4 digits of account number Nonpriority Creditor's Name Po Box 2318 When was the debt incurred? Columbus, OH 43216 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.2 **Diversified** \$1.533.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 80185 When was the debt incurred? Phoenix, AZ 85060-0185 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collections

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Debtor 1 Lori M. Allen 4.2 **Drivetime** \$12,000.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 4000 W Broad St When was the debt incurred? Columbus, OH 43228 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.2 Fabco \$2,206.00 Last 4 digits of account number Nonpriority Creditor's Name 4640 Executive Dr. When was the debt incurred? Columbus, OH 43220 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.2 **First Credit** \$288.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Po Box 89458 When was the debt incurred? Cleveland, OH 44101 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections/Trinity Health ☐ Yes

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Debtor 1 Lori M. Allen 4.2 Franklin County Municipal Court 2982 \$0.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 375 South High, 3rd Floor When was the debt incurred? Columbus, OH 43215 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice of Bankruptcy Filing ☐ Yes Galaxy International Purchasing, 4.3 Unknown 0 LLC Last 4 digits of account number Nonpriority Creditor's Name Stenger & Stenger When was the debt incurred? 2618 E. Paris Ave. SE Grand Rapids, MI 49546 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.3 **Halstead Financial Services** \$1,182.00 Last 4 digits of account number Nonpriority Creditor's Name po Box 5773 When was the debt incurred? Evanston, IL 60201 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes

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Debtor 1 Lori M. Allen ase number (if known) 4.3 **Hunter Warfield** Unknown Last 4 digits of account number 2 Nonpriority Creditor's Name 4620 Woodland Corp Blvd When was the debt incurred? Tampa, FL 33614 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collections 4.3 **IGS Energy** \$200.00 Last 4 digits of account number Nonpriority Creditor's Name 2560 Momentum Place When was the debt incurred? Chicago, IL 60689 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.3 **Immediadent** \$11.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 11568 When was the debt incurred? Overland Park, KS 66207 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes

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Debtor 1 Lori M. Allen ase number (if known) 4.3 **Immediate Health Associates** \$353.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 5020 Southwyck Blvd. When was the debt incurred? **Toledo, OH 43614** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collections 4.3 JP Recovery \$209.00 Last 4 digits of account number 6 Nonpriority Creditor's Name P.O. Box 2022 When was the debt incurred? Rocky River, OH 44116 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.3 Lab Corp Unknown Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 2240 When was the debt incurred? **Burlington, NC 27216** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services

☐ Yes

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Debtor 1 Lori M. Allen 4.3 **MCM** \$391.00 Last 4 digits of account number 8 Nonpriority Creditor's Name P.O. Box 939019 When was the debt incurred? San Diego, CA 92193-9019 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collections 4.3 **MCMG Sports Medicine Specialists** \$1,056.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 7100 Graphics Way #2400 When was the debt incurred? Lewis Center, OH 43035 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.4 Medicredit \$200.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 1629 When was the debt incurred? Maryland Heights, MO 63043 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collections

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Debtor 1 Lori M. Allen ase number (if known) 4.4 Midland Funding Unknown Last 4 digits of account number Nonpriority Creditor's Name 323 W. Lakeside When was the debt incurred? Suite 200 Cleveland, OH 44113 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.4 Miller Allergy \$126.00 Last 4 digits of account number Nonpriority Creditor's Name 7287 Sawmill Rd. When was the debt incurred? #100 Dublin, OH 43016 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes 4.4 Mt Carmel \$1,122.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Billing Dept. When was the debt incurred? P.O. Box 89458 Cleveland, OH 44101-6458 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes

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Debtor 1 Lori M. Allen Case number (if known) 4.4 \$160.00 Mt Carmel Health System Last 4 digits of account number Nonpriority Creditor's Name PO Box 89458 When was the debt incurred? Cleveland, OH 44101 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Medical Services 4.4 Mt Carmel Medical Group \$1,894.00 Last 4 digits of account number Nonpriority Creditor's Name POB 951464 When was the debt incurred? Cleveland, OH 44193 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Services ☐ Yes 4.4 **National Credit Adjusters** \$598.00 Last 4 digits of account number 6 Nonpriority Creditor's Name PO Box 3023 When was the debt incurred? 327 W 4th Street Hutchinson, KS 67504-3023 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes

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Debtor 1 Lori M. Allen ase number (if known) 4.4 **National Credit Adjusters** \$598.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 3023 When was the debt incurred? 327 W. 4th St. Hutchinson, KS 67504 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.4 **NCP Finance Ohio** Unknown Last 4 digits of account number 8 Nonpriority Creditor's Name 205 Sugar Camp Circle Dept When was the debt incurred? Dayton, OH 45409 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.4 **Nelnet LNS** \$34,696.00 9 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 1649 When was the debt incurred? **Denver, CO 80201** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Student Loans

☐ Other. Specify

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Debtor 1 Lori M. Allen ase number (if known) 4.5 **Northland Group** \$202.00 Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 390846 When was the debt incurred? Minneapolis, MN 55439 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.5 **Penn Credit** \$164.00 Last 4 digits of account number Nonpriority Creditor's Name 916 S. 14th St. When was the debt incurred? Harrisburg, PA 17104 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.5 **Penn Credit Collection** \$164.00 Last 4 digits of account number Nonpriority Creditor's Name Po Box 988 When was the debt incurred? Harrisburg, PA 17108-0988 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collections

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Debtor 1 Lori M. Allen 4.5 **Plaza Services** \$1,182.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 110 Hammond Dr. When was the debt incurred? Atlanta, GA 30328 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.5 **Proacive** \$68.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 381448 When was the debt incurred? Des Moines, IA 50336 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.5 **Progressive** \$1,430,00 Last 4 digits of account number Nonpriority Creditor's Name 256 W. Data Dr. When was the debt incurred? Draper, UT 84020 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collections

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Debtor 1 Lori M. Allen ase number (if known) 4.5 Radiology Incorporated \$7.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Dept. L-647 When was the debt incurred? Columbus, OH 43260 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collections 4.5 **Rec Mgt Corp** \$210.00 Last 4 digits of account number Nonpriority Creditor's Name 1601 Shop Rd. When was the debt incurred? Columbia, SC 29201 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.5 **Recovery One** \$70.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 5100 Parkercenter Ave. When was the debt incurred? Suite 120 **Dublin, OH 43017** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes

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Debtor 1 Lori M. Allen ase number (if known) 4.5 **RMS Recovery** \$14,562.00 Last 4 digits of account number 9 Nonpriority Creditor's Name P.O. Box 857 When was the debt incurred? Warrenville, IL 60555 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.6 **Robert Dilworth** \$4,800.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 115 Hawkfield Dr When was the debt incurred? Irmo, SC 29063 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.6 S C Electric \$326.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 100255 When was the debt incurred? Columbia, SC 29202 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Utility

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Debtor 1 Lori M. Allen ase number (if known) 4.6 Sprint \$1,356.00 Last 4 digits of account number 2 Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? 1310 Martin Luther King Drive Bloomington, IL 61701 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Cellular Services ☐ Yes 4.6 Stenger & Stenger \$1,600.00 Last 4 digits of account number 3 Nonpriority Creditor's Name 2618 E. Paris Ave. SE When was the debt incurred? Grand Rapids, MI 49546 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.6 Tara Kleinschmidt Unknown Last 4 digits of account number Nonpriority Creditor's Name 34 Woodcross Dr. When was the debt incurred? Apt 922 Columbia, SC 29212-2364 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes

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Debtor 1 Lori M. Allen ase number (if known) 4.6 **Target** \$30.00 Last 4 digits of account number 5 Nonpriority Creditor's Name 3701 Wayzata Blvd. 1ak When was the debt incurred? Minneapolis, MN 55416 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.6 **Transworld Systems** \$200.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 4015 Executive Park Drive #404 When was the debt incurred? Cincinnati, OH 45241 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.6 **US Fash Cash** \$1.356.00 Last 4 digits of account number Nonpriority Creditor's Name 7709 Ohio Street When was the debt incurred? Mentor, OH 44060 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collections

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Debtor 1 Lori M. Allen ase number (if known) 4.6 **USDOE/GLELSI** \$85,379.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 2401 International When was the debt incurred? **POB 7859** Madison, WI 53704 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Student Loans 4.6 Vista Energy \$200.00 Last 4 digits of account number 9 Nonpriority Creditor's Name 4306 Yoakum #600 When was the debt incurred? Houston, TX 77006 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes 4.7 Wakefield & Assoc \$92.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 7005 Middlebrook Pike When was the debt incurred? Knoxville, TN 37909 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Collections

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Debtor 1 Lori M. Allen ase number (if known) 4.7 Walk in Urgent Care \$30.00 Last 4 digits of account number Nonpriority Creditor's Name 5340 Gordon Way When was the debt incurred? **Dublin, OH 43017** Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Collections 4.7 Wells Fargo \$800.00 Last 4 digits of account number Nonpriority Creditor's Name 4541 E. Main St. When was the debt incurred? Columbus, OH 43213-3038 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collections ☐ Yes 4.7 Weltman Weinberg & Reis \$11,795.00 Last 4 digits of account number Nonpriority Creditor's Name 323 W. Lakeside Ave. When was the debt incurred? Suite 200 Cleveland, OH 44113 As of the date you file, the claim is: Check all that apply Number Street City State Zip Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collections ☐ Yes

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Westar OBGYN	Last 4 digits of account number	Unknow
Nonpriority Creditor's Name ATTN 9331C P.O. Box 14000 Belfast, MD 09150	When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical Services	
Wyndham Professionals	Last 4 digits of account number	\$32,490
Nonpriority Creditor's Name P.O. Box 1048 Salem. NH 03079	When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
Liteck in this claim is for a community	\square Obligations arising out of a separation agreement or divorce that you did not	
debt Is the claim subject to offset?	report as priority claims	
debt		

List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
Total	6f.	Student loans	6f.	\$ Total Claim 120,075.00
claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ 0.00
	OH.	Debts to pension of pront-snaring plans, and other similar debts	ori.	\$ 0.00

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6j.

Page 45 of 73 Case number (if known) Debtor 1 Lori M. Allen

> 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 168,200.18 \$ here.

Total Nonpriority. Add lines 6f through 6i.

288,275.18

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		17(7(4)1111)	<u> </u>	
Fill in this infor	mation to identify your	case:		
Debtor 1	Lori M. Allen			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF OHIO	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
0	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	J.,		State		

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		Docume	nt Page 47 d	of 73	
Fill in this	information to identify your	case:			
Debtor 1	Lori M. Allen				
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filin	g) First Name	Middle Name	Last Name		
United Stat	tes Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case numb (if known)	per			Charle if this is an	
(II KIIOWII)				Check if this is an amended filing	
				amended ming	
Official	Form 106H				
		-1-4			
<u>Scnea</u>	ule H: Your Cod	eptors		12	/15
■ No □ Yes 2. With Arizona ■ No. □ Yes 3. In Coluin line	nin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. Did your spouse, former spoumn 1, list all of your codebt 2 again as a codebtor only is	u lived in a community pr , Nevada, New Mexico, Pu use, or legal equivalent live tors. Do not include your if that person is a guaran	operty state or territor erto Rico, Texas, Wash with you at the time? spouse as a codebtor tor or cosigner. Make	ry? (Community property states and territories include ington, and Wisconsin.) r if your spouse is filing with you. List the person s sure you have listed the creditor on Schedule D (O	fficial
	olumn 2.	Form 106E/F), or Sched	ule G (Official Form 10	06G). Use Schedule D, Schedule E/F, or Schedule G	i to IIII
	Column 1: Your codebtor	UD O. I		Column 2: The creditor to whom you owe the	debt
N	Name, Number, Street, City, State and Z	IP Code		Check all schedules that apply:	
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule E/F, line	
_					
	Number Street	01-1-	71D O - 4-		
(City	State	ZIP Code		
3.2				□ Schodulo D. lino	
	Name			Schedule D, line	
				☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street	_		_	
(City	State	ZIP Code		

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Fill	in this information to identify your c	ase:								
Deb	btor 1 Lori M. Aller	า								
	otor 2									
Uni	ted States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF OHIO							
	se number own)		-			☐ A su	amended ipplemer	nt showing	g postpetition	chapter
O	fficial Form 106I					MM	/ DD/ YY	ΥΥ	-	
So	chedule I: Your Inc	ome					, , , , , , , , , , , , , , , , , , , ,			12/15
sup spo atta	is complete and accurate as pos- plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your s ith you, do not includ	pouse i	is liv matic	ing with yo	ou, includ our spou	de inform ıse. If mo	nation about y ore space is n	your needed,
1.	Fill in your employment information.		Debtor 1			D	ebtor 2	or non-fil	ing spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed □ Not employed				Employ Not em			
	information about additional employers.	Occupation	SVC Advocate					,		
	Include part-time, seasonal, or self-employed work.	Employer's name	Aetna Life Insur	ance						
	Occupation may include student or homemaker, if it applies.	Employer's address	7400 Campus Bl New Albany, OH							
		How long employed the	here? 4 years							
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to re	port for	any l	line, write \$6	0 in the s	pace. Incl	lude your non	-filing
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information	for all	emplo	oyers for tha	at person	on the lin	nes below. If y	ou need
						For Debto	or 1		otor 2 or ng spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,	•		2.	\$	3,75	50.80	\$	N/A	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	N/A	

Official Form 106I Schedule I: Your Income page 1

3,750.80

N/A

Calculate gross Income. Add line 2 + line 3.

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Debt	or 1	Lori M. Allen	-	Ca	se number (if known)				
				F	or Debtor 1		or Debtor		
	Cop	py line 4 here	4.	\$	3,750.80	\$		N/A	
5.	Lie	t all payroll deductions:				,			-
J.	5a.	Tax, Medicare, and Social Security deductions	5a	. \$	567.71	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		0.00	- \$		N/A	-
	5c.	Voluntary contributions for retirement plans	5c.		225.05	- '		N/A	_
	5d.	Required repayments of retirement fund loans	5d		0.00	\$		N/A	-
	5e.	Insurance	5e	. \$	261.82	\$		N/A	_
	5f.	Domestic support obligations	5f.	\$	0.00	\$		N/A	_
	5g.	Union dues	5g		0.00	\$		N/A	-
	5h.	101(II) 101III	5h		325.67	-		N/A	_
		Health Savings	_	\$	63.20	\$		N/A	_
6.	Add	d the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,443.45	\$		N/A	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,307.35	\$		N/A	_
8.	List 8a.	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							
	O.L.	monthly net income.	8a 8b		0.00	- \$ \$		N/A	_
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			0.00	_		N/A N/A	-
	8d.		8d		0.00	- '		N/A	-
	8e.	Social Security	8e	. \$	0.00	\$		N/A	-
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify:	8f. 8g 8h	. \$	0.00 0.00 0.00	\$ - \$ - + \$		N/A N/A N/A	- - -
	011.		_ '''	—		. · ¥ 1		19/5	- ¬
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	2,307.35 + \$		N/A	= \$	2 207 25
10.		If the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ	Σ,307.33		11//] -	2,307.35
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not excify:	depe			•	n <i>Schedul</i>	e J. +\$	0.00
12.	Wri	d the amount in the last column of line 10 to the amount in line 11. The reste that amount on the Summary of Schedules and Statistical Summary of Certainlies			,			\$	2,307.35
13.	Do	you expect an increase or decrease within the year after you file this form No.	?					Combin monthl	ned y income
	_	Vas Evnlain:							

Official Form 106l Schedule I: Your Income page 2

Fill in th	nis information to ide	ntify your case:					
Debtor 1					Che	ck if this is:	
Debtor 2						An amended filing	wing postpetition chapter
	e, if filing)					13 expenses as of	
United S	States Bankruptcy Court	for the: SOUT	HERN DISTRICT OF OHIO			MM / DD / YYYY	
Case nu (If know							
Offic	cial Form 10	6J			•		
Sch	edule J: Yo	ur Expe	nses				12/1
inform		is needed, att	e. If two married people ar ach another sheet to this on.				
Part 1:		Household					
_	this a joint case?						
	No. Go to line 2. Yes. Does Debtor :	2 live in a sepa	rate household?				
	☐ No ☐ Yes. Debtor	2 must file Office	sial Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Deb	otor 2.	
2. D o	o you have depende	ents? No					
	o not list Debtor 1 and ebtor 2.	d ■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	o not state the			••••			□ No
de	ependents names.			Child			■ Yes □ No
							☐ Yes
							□ No
							Yes
							□ No
3. D o	o your expenses inc	lude ■	No				☐ Yes
ex	ourself and your de	ther than	Yes				
expens	ate your expenses a	s of your bank	nly Expenses ruptcy filing date unless y cy is filed. If this is a supp				
the val			government assistance i cluded it on <i>Schedule I:</i>)			Your exp	enses
(,				_		
	he rental or home or ayments and any ren		nses for your residence. I or lot.	nclude first mortgag	e 4. S	\$	855.00
If	not included in line	4:					
4a					4a. S	\$	0.00
4b					4b. \$	·	0.00
40			upkeep expenses		4c. \$ 4d. \$	·	0.00
5. A c			idominium dues our residence , such as ho	me equity loans	4a. 5		0.00

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Debtor	Lori M. Allen	Case num	ber (if known)	
6. Ut	ilities:			
6a		6a.	\$	190.00
6b	•	6b.	\$	0.00
6c		6c.	·	100.00
6d		6d.	·	0.00
	od and housekeeping supplies	7.	·	300.00
	nildcare and children's education costs	8.	\$	0.00
_	othing, laundry, and dry cleaning	9.	\$	80.00
	ersonal care products and services	10.	\$	
	•		·	80.00
	edical and dental expenses ansportation. Include gas, maintenance, bus or train fare.	11.	\$	100.00
	o not include car payments.	12.	\$	190.00
3. E n	tertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	100.00
1. Ch	naritable contributions and religious donations	14.	\$	0.00
. Ins	surance.			
Do	not include insurance deducted from your pay or included in lines 4 or 20.			
15	a. Life insurance	15a.	\$	0.00
15	b. Health insurance	15b.	\$	0.00
15	c. Vehicle insurance	15c.	\$	128.00
15	d. Other insurance. Specify:	15d.	\$	0.00
ъ. Та	xes. Do not include taxes deducted from your pay or included in lines 4 or 20.			
	pecify:	16.	\$	0.00
	stallment or lease payments:	47-	Φ.	474.00
	a. Car payments for Vehicle 1	17a.	·	174.00
	b. Car payments for Vehicle 2	17b.	·	0.00
	c. Other. Specify:	17c.	·	0.00
	d. Other. Specify:	17d.	\$	0.00
	our payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	her payments you make to support others who do not live with you.	'	\$	0.00
	ecify:	19.	<u> </u>	0.00
	her real property expenses not included in lines 4 or 5 of this form or on Sch		our Income.	
	a. Mortgages on other property	20a.		0.00
	b. Real estate taxes	20b.	\$	0.00
	c. Property, homeowner's, or renter's insurance	20c.	·	0.00
	d. Maintenance, repair, and upkeep expenses	20d.		0.00
	e. Homeowner's association or condominium dues	20e.		0.00
_	her: Specify:	21.	·	0.00
			- Ψ	0.00
	lculate your monthly expenses			_
	a. Add lines 4 through 21.		\$	2,297.00
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22	c. Add line 22a and 22b. The result is your monthly expenses.		\$	2,297.00
3. C a	Ilculate your monthly net income.			
	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	2,307.35
	b. Copy your monthly expenses from line 22c above.	23b.		2,297.00
20	5. Copy you. Monthly expenses from the 226 above.	200.		2,291.00
23	c. Subtract your monthly expenses from your monthly income.			
_5	The result is your <i>monthly net income</i> .	23c.	\$	10.35
	o you expect an increase or decrease in your expenses within the year after your expenses within the year after your expect to finish paying for your car loan within the year or do you expect you			a or dacrages bossums s
	r example, do you expect to finish paying for your car loan within the year or do you expect you idification to the terms of your mortgage?	ui inorigage (Jayment to increase	s or decrease because (
	No.			
	Voc. Evolain here:			
	A CC TEXTISID DETE.			

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Fill in this infor	mation to identify your	case.			
		ouse.			
Debtor 1	Lori M. Allen First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case number					
(if known)					☐ Check if this is an amended filing
You must file th obtaining mone	is form whenever you fi	n connection with a bank	or amended schedules	rrect information. s. Making a false statement in fines up to \$250,000, or i	
Sig	ın Below				
Did you pa	ay or agree to pay some	one who is NOT an attorn	ney to help you fill out I	bankruptcy forms?	
■ No					
☐ Yes.	Name of person				y Petition Preparer's Notice, Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sumr	mary and schedules file	ed with this declaration and	ı
X /s/ Loi	ri M. Allen		X		
	I. Allen		Signature of	Debtor 2	
Signatu	re of Debtor 1				
Date	April 5, 2019		Date		

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Filli	n this inform	nation to identify you	r case:			
Debt		Lori M. Allen				
2000		First Name	Middle Name	Last Name		
Debt (Spou	or 2 se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT (OF OHIO		
		. ,				
(if kno	e number wn)				_	Check if this is an amended filing
Sta Be as	complete a	of Financial	ble. If two married people a		ankruptcy equally responsible for sup	
numk	er (if known). Answer every ques	stion.		, audinonai pagos, ilino jo	
Part			rital Status and Where You	Lived Before		
· ·	wnat is your _	current marital statu	15 ?			
	✓ Married✓ Not mar	ried				
2. I	During the la	ıst 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. List	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	<i>i</i> .	
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor ico, Texas, Washington and V	
1	■ No □ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Part	2 Explain	n the Sources of You	r Income			
I	Fill in the tota	I amount of income yo	u received from all jobs and a	g a business during this yeall businesses, including partetogether, list it only once ur		ndar years?
	□ No Fill	in the details.				
	— 165. FIII	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$14,874.02	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Case number (if known)

Debtor 1 Lori M. Allen

				Debtor 1		Debtor 2			
				Sources of income Check all that apply.			ly. (be	Gross income (before deductions and exclusions)	
	For last calendar year: (January 1 to December 31, 2018)		■ Wages, commissions, bonuses, tips			ssions,			
				☐ Operating a business		☐ Operating a but	siness		
			r before that: ber 31, 2017)	■ Wages, commissions, bonuses, tips	\$32,904.00	☐ Wages, commi	ssions,		
				☐ Operating a business		☐ Operating a but	siness		
	and oth winning List eac	er public b ls. If you ar ch source a	enefit payments re filing a joint ca	ther that income is taxable. Exa ; pensions; rental income; inter ase and you have income that y come from each source separat	est; dividends; money collec you received together, list it o	ted from lawsuits; roy only once under Debt	yalties; and gar or 1.	ty, unemployment, nbling and lottery	
				Debtor 1		Debtor 2			
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of incomposeribe below.	(be	ross income efore deductions ad exclusions)	
Par	t 3: L	ist Certair	n Payments Yo	u Made Before You Filed for I	Bankruptcy				
6.	Are eith ☐ No	o. Neithe individ	er Debtor 1 nor ual primarily for the 90 days be	2's debts primarily consumer Debtor 2 has primarily consula personal, family, or househol fore you filed for bankruptcy, did 7.	imer debts. Consumer debts d purpose."			as "incurred by an	
		□	paid that on the paid that of the paid t	each creditor to whom you paid creditor. Do not include payment e payments to an attorney for that on 4/01/22 and every 3 years	nts for domestic support oblig nis bankruptcy case.	ations, such as child	support and al		
	■ Ye			or both have primarily consu fore you filed for bankruptcy, die		I of \$600 or more?			
		■ N	o. Go to line	7.					
		□ _Y	include pa	each creditor to whom you pai- yments for domestic support ol or this bankruptcy case.					
	Credit	or's Name	and Address	Dates of payme	nt Total amount	Amount you V	Was this paym	ent for	

ase number (if known) Debtor 1 Lori M. Allen Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. **Insider's Name and Address** Reason for this payment Dates of payment **Total amount** Amount you still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. П No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number Coastal Credit, LLC Collections Franklin County Municipal □ Pending Court VS. □ On appeal Lori M. Allen 375 South High, 3rd Floor □ Concluded 18 CVF 32982 Columbus, OH 43215 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ■ No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address **Describe the Property** Date Value of the property **Explain what happened Galaxy Communication** \$1308.24 \$1,308.24 1/25/2019-3/8/2019 ☐ Property was repossessed. ☐ Property was foreclosed. Property was garnished. ☐ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

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Page 56 of 73 Case number (if known) Debtor 1 Lori M. Allen 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? Nο п Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of payment **Address** transferred or transfer was Email or website address made Person Who Made the Payment, if Not You Rauser & Associates \$975.00 for Attorney's Fees 2017 - 2019 \$975.00 5 East Long Street Suite 300 Columbus, OH 43215 **Pioneer Credit Counseling** \$20.00 Credit Counseling 2019 \$20.00 1644 Concourse Dr Rapid City, SD 57703

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Debtor 1 Lori M. Allen

 Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. 			rty to anyone who			
	Person Who Was Paid Address	Description and v transferred	alue of any prope	rty	Date payment or transfer was made	Amount of payment
 18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyour transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage include gifts and transfers that you have already listed on this statement. No Yes. Fill in the details. 						
	Person Who Received Transfer Address	Description and v property transferr			ny property or received or debts change	Date transfer was made
Person's relationship to you 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of white beneficiary? (These are often called asset-protection devices.) ■ No □ Yes. Fill in the details.				of which you are a		
	Name of trust	Description and v	alue of the proper	ty transferre	ed	Date Transfer was made
	List of Certain Financial Accounts, In Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, assolution No	cy, were any financial according or other financial accourtications, and other financial according to the financial according to	counts or instrum nts; certificates of icial institutions.	ents held in deposit; sha	ares in banks, credit	unions, brokerage
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	clos	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)	ess to it? De	safe deposit		Do you still have it?
22.	Have you stored property in a storage unit No Yes. Fill in the details.	or place other than your	home within 1 yea	ar before you	u filed for bankrupto	sy?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h to it? Address (Number, S State and ZIP Code)		escribe the c	contents	Do you still have it?

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Debtor 1 Lori M. Allen

Pai	t 9: Identify Property You Hold or Control for	Someone Else					
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you	borrowed from, are storing fo	r, or hold in trust		
	■ No						
	Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Descr	ribe the property	Value		
Pai	t 10: Give Details About Environmental Inform	nation					
For	the purpose of Part 10, the following definitions	s apply:					
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, ground					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	-	law, wh	nether you now own, operate,	or utilize it or used		
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		waste	e, hazardous substance, toxic	substance,		
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wher	n they o	occurred.			
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under	or in violation of an environm	ental law?		
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		nvironmental law, if you now it	Date of notice		
25.	Have you notified any governmental unit of any	y release of hazardous material?					
	■ No						
	Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		nvironmental law, if you now it	Date of notice		
26.	Have you been a party in any judicial or admini	istrative proceeding under any envi	ronme	ntal law? Include settlements	and orders.		
	■ No						
	☐ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natur	e of the case	Status of the case		
Pal	t 11: Give Details About Your Business or Co	nnections to Any Business					
		·					
27.	Within 4 years before you filed for bankruptcy,	•	•	•	y business?		
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time						
	☐ A member of a limited liability company	y (LLC) or limited liability partnershi	ip (LLF	P)			
	☐ A partner in a partnership						
	☐ An officer, director, or managing execu	itive of a corporation					

 $\hfill \square$ An owner of at least 5% of the voting or equity securities of a corporation

Page 59 of 73 Case number (if known) Document Debtor 1 Lori M. Allen No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Lori M. Allen Signature of Debtor 2 Lori M. Allen Signature of Debtor 1 Date April 5, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ■ No

. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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☐ Yes. Name of Person

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of Ohio

In re	Lori M. Allen		Case No).	
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR I	DEBTOR(S)	
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filible rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy	, or agreed to be pa	id to me, for services	
	For legal services, I have agreed to accept		\$	975.00	
	Prior to the filing of this statement I have received		\$	975.00	
	Balance Due			0.00	
2. ′	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are me	mbers and associates	of my law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na				/ law firm. A
5.	In return for the above-disclosed fee, I have agreed to r	ender legal service for all aspec	ts of the bankruptc	case, including:	
1	a. Analysis of the debtor's financial situation, and rend b. Preparation and filing of any petition, schedules, sta c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on ho	tement of affairs and plan which tors and confirmation hearing, a reduce to market value; ex- ons as needed; preparation	n may be required; nd any adjourned h emption plannin	earings thereof; g; preparation and	d filing of
6.	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any diany other adversary proceeding.	ee does not include the following schargeability actions, judi	g service: i cial lien avoida r	nces, relief from st	ay actions or
		CERTIFICATION			
	Concerning that the foregoing is a complete statement of an ankruptcy proceeding.	ny agreement or arrangement for	r payment to me fo	representation of the	e debtor(s) in
Α	pril 5, 2019	/s/ Jason M. Kna	рр		
\overline{D}	ate	Jason M. Knapp			
		Signature of Attorne Rauser & Associ			
		5 E. Long St.			
		Suite 300 Columbus, OH 4	3215		
		6142284480 Fax			
		rauserlawcolumb		1	
		Name of law firm			

Fill in this infe	ormation to identify your case:			directed in this form and in	Form
Debtor 1	Lori M. Allen	12	22A-1Supp:		
Debtor 2 (Spouse, if filing)			■ 1. There is no pres	sumption of abuse	
United States	s Bankruptcy Court for the: Southern District of	of Ohio	applies will be r	to determine if a presumpti made under <i>Chapter 7 Med</i>	
Case numbe (if known)	er		☐ 3. The Means Test	ficial Form 122A-2). t does not apply now becau	
				y service but it could apply	later.
Official	Form 122A - 1		☐ Check if this is a	in amended filling	
		want Manthly In			
Cnapte	r 7 Statement of Your Cur	rent wonthly in	come		12/15
attach a separ case number (qualifying mili	e and accurate as possible. If two married people a ate sheet to this form. Include the line number to v if known). If you believe that you are exempted fro tary service, complete and file Statement of Exemp Calculate Your Current Monthly Income	which the additional information m a presumption of abuse beca	applies. On the top of a use you do not have pri	ny additional pages, write yo marily consumer debts or be	our name and ecause of
1. What is	s your marital and filing status? Check one or	nly.			
■ Not	married. Fill out Column A, lines 2-11.				
☐ Marı	ried and your spouse is filing with you. Fill o	ut both Columns A and B, line	s 2-11.		
☐ Marı	ried and your spouse is NOT filing with you.	You and your spouse are:			
□Li	iving in the same household and are not lega	ally separated. Fill out both C	olumns A and B, lines	2-11.	
р	iving separately or are legally separated. Fill benalty of perjury that you and your spouse are lead on the control of the co	egally separated under nonba	nkruptcy law that appli	es or that you and your sp	
101(10A). F the 6 month	average monthly income that you received from all For example, if you are filing on September 15, the 6-m is, add the income for all 6 months and divide the total on the same rental property, put the income from that p	nonth period would be March 1 thro by 6. Fill in the result. Do not inclu	ough August 31. If the amoude any income amount m	ount of your monthly income value than once. For example, i	raried during if both
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	ross wages, salary, tips, bonuses, overtime, deductions).	and commissions (before all	\$	\$	
	y and maintenance payments. Do not include a B is filled in.	payments from a spouse if	\$	\$	
of you from an and roo	ounts from any source which are regularly pa or your dependents, including child support a unmarried partner, members of your household ammates. Include regular contributions from a sp . Do not include payments you listed on line 3.	 Include regular contributions d, your dependents, parents, 		\$	
	ome from operating a business, profession,	or farm			
		Debtor 1			
	eceipts (before all deductions)	\$ 0.00			
	y and necessary operating expenses	-\$ 0.00 Capy bara	> \$ 0.00	\$	
	nthly income from a business, profession, or far	m \$0.00 Copy here -:	> \$ 0.00	a	
6. Net inc	ome from rental and other real property	Debtor 1			
Gross r	eceipts (before all deductions)	\$ 0.00			
	y and necessary operating expenses	-\$ 0.00			
	nthly income from rental or other real property	\$ 0.00 Copy here -:	>\$ 0.00	\$	
	t dividends and royalties		\$ 0.00	\$	

Official Form 122A-1

7. Interest, dividends, and royalties

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				Column A Debtor 1		Column B Debtor 2 or non-filing sp	pouse
8.	Unemployment compensation			\$	0.00	\$	
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	t received was a benef	it under				
	For you \$	0.	00				
_	For your spouse \$						
	Pension or retirement income. Do not include any ar benefit under the Social Security Act.			\$	0.00	\$	
10.	Income from all other sources not listed above. Spon on the include any benefits received under the Social species as a victim of a war crime, a crime against hu domestic terrorism. If necessary, list other sources on a total below.	Security Act or paymen manity, or international	ts or				
	•			\$	0.00	\$	
				\$	0.00	\$	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column A total		\$	4,142.39	+		= \$ 4,142.39
							Total current monthly
Part	2: Determine Whether the Means Test Applies	to You					income
12.	Calculate your current monthly income for the year	Follow these steps:					
	12a. Copy your total current monthly income from line	11		Сору	line 11 h	ere=>	\$4,142.39_
	Multiply by 12 (the number of months in a year)						x 12
	12b. The result is your annual income for this part of th	e form				12b.	\$49,708.68
13.	Calculate the median family income that applies to	you. Follow these step	os:				
	Fill in the state in which you live.	ОН					
	Fill in the number of people in your household.	2					
	Fill in the median family income for your state and size	of household.				13.	\$ 62,308.00
	To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link sports office.	pecified	in the separa	te instruct	ions	
14.	How do the lines compare?						
	Line 12b is less than or equal to line 13. CGo to Part 3.	n the top of page 1, ch	eck box	1, There is n	o presum _i	otion of abuse.	
	14b. Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2.	of page 1, check box 2	The pr	esumption of	abuse is d	letermined by	Form 122A-2.
Part	3: Sign Below						
	By signing here, I declare under penalty of perjury	that the information or	n this sta	atement and i	n any atta	chments is tru	e and correct.
	X /s/ Lori M. Allen						
	Lori M. Allen						
	Signature of Debtor 1						
	Date April 5, 2019 MM / DD / YYYY						
	If you checked line 14a, do NOT fill out or file For	m 122A-2.					
	If you checked line 14b, fill out Form 122A-2 and						

Debtor 1

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Debtor 1 Lori M. Allen Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 10/01/2018 to 03/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Job - Aetna

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\frac{\$30,471.55}{\$from check dated} \frac{9/30/2018}{12/31/2018}.

Ending Year-to-Date Income: \$\frac{\$42,351.54}{\$from check dated} \frac{12/31/2018}{12/31/2018}.

This Year:

Current Year-to-Date Income: \$12,974.32 from check dated 3/31/2019 .

Income for six-month period (Current+(Ending-Starting)): \$24,854.31 .

Average Monthly Income: **\$4,142.39**.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. ACE Cash Express 1231 Greenway Dr., Ste. 700 Irving, TX 75038

ACS, Inc 2802 Opryland Dr Nashville, TN 37214

Advance America Corp 1383 Leesburg Ave Washington Court House, OH 43160

AdvanceAmerica.com 5992 B Westerville Rd. Westerville, OH 43081

AEP P.O. Box 24401 Canton, OH 44701-4401

AFNI P.O. Box 3517 Bloomington, IL 61702

Allergy & Asthma 7287 Sawmill Rd #100 Dublin, OH 43016

American Homes for Rent 4620 Woodland Corporate Bl Tampa, FL 33614

Ameriloan 3531 St. NW Po Box 111 Miami, OK 74355

AT&T Mobility POB 6416 Carol Stream, IL 60197

CBE Group Inc. 131 Tower Park Suite 100 P.O. Box 2635 Waterloo, IA 50704-2635

Central Ohio Counseling 1035 Proprietors Rd Columbus, OH 43085

Central Ohio Primary Care P.O. Box 742518 Cincinnati, OH 45275 CEP America Ohio PO Box 582663 Wickenburg, AZ 85358

Chase Bank P.O. Box 15583 Wilmington, DE 19886-1194

Check N Go 100 Commerical Dr Fairfield, OH 45014

CheckintoCash.com 201 Keith St #80 Cleveland, TN 37311

City of Westerville c/o Change Healthcare P.O. Box 79000 Dept 781700 Detroit, MI 48278

Coastal Credit 3852 Virginia Beach Blvd Virginia Beach, VA 23452

Columbia Gas of Ohio P.O. Box 742510 Cincinnati, OH 45274

Credit Acceptance 4052 Holland-Sylvania Road Toledo, OH 43623

Dana & Pariser 800 East Broad St. Columbus, OH 43231

Dermatologist of Central States P.O. Box 6724 Carol Stream, IL 60197

Direct Energy Po Box 2318 Columbus, OH 43216

Diversified Po Box 80185 Phoenix, AZ 85060-0185

Drivetime 4000 W Broad St Columbus, OH 43228 Fabco 4640 Executive Dr. Columbus, OH 43220

First Credit Po Box 89458 Cleveland, OH 44101

Franklin County Municipal Court 375 South High, 3rd Floor Columbus, OH 43215

Galaxy International Purchasing, LLC Stenger & Stenger 2618 E. Paris Ave. SE Grand Rapids, MI 49546

Halstead Financial Services po Box 5773 Evanston, IL 60201

Hunter Warfield 4620 Woodland Corp Blvd Tampa, FL 33614

IGS Energy 2560 Momentum Place Chicago, IL 60689

Immediadent Po Box 11568 Overland Park, KS 66207

Immediate Health Associates 5020 Southwyck Blvd. Toledo, OH 43614

JP Recovery P.O. Box 2022 Rocky River, OH 44116

Lab Corp P.O. Box 2240 Burlington, NC 27216

Loan Max/Integrity Funding 84 Villa Rd Greenville, SC 29615

MCM P.O. Box 939019 San Diego, CA 92193-9019 MCMG Sports Medicine Specialists 7100 Graphics Way #2400 Lewis Center, OH 43035

Medicredit PO Box 1629 Maryland Heights, MO 63043

Midland Funding 323 W. Lakeside Suite 200 Cleveland, OH 44113

Miller Allergy 7287 Sawmill Rd. #100 Dublin, OH 43016

Mt Carmel Billing Dept. P.O. Box 89458 Cleveland, OH 44101-6458

Mt Carmel Health System PO Box 89458 Cleveland, OH 44101

Mt Carmel Medical Group POB 951464 Cleveland, OH 44193

National Credit Adjusters PO Box 3023 327 W 4th Street Hutchinson, KS 67504-3023

National Credit Adjusters P.O. Box 3023 327 W. 4th St. Hutchinson, KS 67504

NCP Finance Ohio 205 Sugar Camp Circle Dept Dayton, OH 45409

Nelnet LNS P.O. Box 1649 Denver, CO 80201

Northland Group P.O. Box 390846 Minneapolis, MN 55439 Penn Credit 916 S. 14th St. Harrisburg, PA 17104

Penn Credit Collection Po Box 988 Harrisburg, PA 17108-0988

Plaza Services 110 Hammond Dr. Atlanta, GA 30328

Proacive P.O. Box 381448 Des Moines, IA 50336

Progressive 256 W. Data Dr. Draper, UT 84020

Radiology Incorporated Dept. L-647 Columbus, OH 43260

Rec Mgt Corp 1601 Shop Rd. Columbia, SC 29201

Recovery One 5100 Parkercenter Ave. Suite 120 Dublin, OH 43017

RMS Recovery P.O. Box 857 Warrenville, IL 60555

Robert Dilworth 115 Hawkfield Dr Irmo, SC 29063

S C Electric PO Box 100255 Columbia, SC 29202

Sprint
Bankruptcy Department
1310 Martin Luther King Drive
Bloomington, IL 61701

Stenger & Stenger 2618 E. Paris Ave. SE Grand Rapids, MI 49546 Tara Kleinschmidt 34 Woodcross Dr. Apt 922 Columbia, SC 29212-2364

Target 3701 Wayzata Blvd. 1ak Minneapolis, MN 55416

Transworld Systems 4015 Executive Park Drive #404 Cincinnati, OH 45241

US Fash Cash 7709 Ohio Street Mentor, OH 44060

USDOE/GLELSI 2401 International POB 7859 Madison, WI 53704

Vista Energy 4306 Yoakum #600 Houston, TX 77006

Wakefield & Assoc 7005 Middlebrook Pike Knoxville, TN 37909

Walk in Urgent Care 5340 Gordon Way Dublin, OH 43017

Wells Fargo 4541 E. Main St. Columbus, OH 43213-3038

Weltman Weinberg & Reis 323 W. Lakeside Ave. Suite 200 Cleveland, OH 44113

Westar OBGYN ATTN 9331C P.O. Box 14000 Belfast, MD 09150

Wyndham Professionals P.O. Box 1048 Salem, NH 03079